Clerk of the House of Representatives Secretary of the Senate Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records 232 Hart Building Washington, DC 20510

SECRETARY

02 APR 1

## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Ch	eck if this is an Amende	d Registration	1. Effective Date of Registration	4/16/02			
2.	House Identification N	umber	Senate Identification Number	<del></del>			
RJ	EGISTRANT			<del></del>			
3.	Registrant Name	FH/GPC					
	Address	601 13th Street Suite 410S					
	City	Washington,DC	State Zip <b>20005</b>	USA			
4.	Principal place of busin	ness (if different from line 3)	State/Zip (or Country)				
5.	Telephone number and 202-737-7485	contact name Contact  Matthew LaRocco	E-Mail (optional) laroccom@fh-gpc.com				
6.	General description of registrant's business or activities						
Cl	·	"Self" and proceed to line 10. 🗆 Sel	gistration for each client. Organizations emplo f	ying in-house lobbyists sl			
7.	Client Name	MetLife, Inc					
	Address	1620 L Street NW Suite 800					
	City	Washington	State DC Zip 20036	USA			
8.	Principal place of busin	iness (if different from line 7) State/Zip (or Country)					
9.	General description of client's business or activities  Insurance company						
	in this section has serve	ed as a "covered executive branch o	ct as a lobbyist for the client identified on official" or "covered legislative branch officiand/or legislative position(s) in which the	cial" within two years			
	Name		Covered Official Posit	tion (if applicable)			
	Larry LaRocco			· · · · · · · · · · · · · · · · · · ·			
	Matthew LaRocco						

רטווו בט-ו (אני, טסאס)

Registrant Name:	FH/GPC		00020	7102139				
Client Name:	MetLife, 1	MetLife, Inc						
LOBBYING ISSUES  11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p INS  12. Specific lobbying issues (current and anticipated) Optional Federal Charters								
	entity other that period and in	n the client that	contributes more than	or controls the registrant's le	section for each entity matchi			
Name			Address		Principal Place of Book (city and state or co			
FOREIGN 1								
b) dir of c) is a	lds at least 20% ectly or indirect the client or an	6 equitable owner only, in whole or any organization in the client or any	in major part, plans, s dentified on line 13; or	•	on line 13; or finances, or subsidizes activit interest in the outcome of the			
🔀 No. Sig	n and date the	registration.	☐ Yes.	Complete the rest of this criteria above, the sign ar	section for each entity matchind date the registration.			
Name	2		Address	Principal Place of Busi (city and state or coun				
Signature	· · · · · · · · · · · · · · · · · · ·	Larry LaRocco	- Vice-Chairman		Date 4/19/2002 .			